DEP8054/01/06 401 KAR 42:030



Mail completed form to:
DIVISION OF WASTE MANAGEMENT
UST BRANCH
81 C. MICHAEL DAVENPORT BLVD.
FRANKFORT, KENTUCKY 40601
(502) 564-5981 / (800) 928-7782
http://www.waste.ky.gov

FOR OFFICE USE ONLY

60-DAY RECORD OF RECTIFIER OPERATION FOR IMPRESSED CURRENT CATHODIC PROTECTION SYSTEM

Any significant variance should be reported to your corrosion profess I. UST OWNER						II. SITE INFORMATION				
NAME:						NAME:	IAME: AI NUMBER:			
ADDRESS:						ADDRESS:				
CITY: STATE:						CITY: COUNTY:				
				XI. IMPF	RESSED C	URRENT R	ECTIFIER DA	TA		
		In order	to conduct an effe	ective evaluation	n of the cathodic p	rotection system, a	complete evaluation of	rectifier operation is r	necessary	
RECTIFIER MANUFACTURER:							RATED DC OUTPUT:VOLTSAMPS			
RECTIFIER MODEL:							RECTIFIER SERIAL NUMBER:			
What is the "as designed" or "lastly recommended" rectifier output:						VOLTS	AMPS			
D/	ATE	RECTIFIER	TAP SETTINGS		DC OUTPUT		HOUR	INSPECTOR	COMMENTS	
INSPECTED		TURNED ON?	COARSE	FINE	VOLTS	AMPS	METER	INITIALS	COMMENTS	
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		enalty of law to information, in						KRS 224.99-01	10(4) provides for penalties for	
	Signature						D-4	e Signed	/	

If you have questions on how to fill out this form or to request a review of your site records, please contact the UST Branch at (502) 564-5981 / (800) 928-7782 or visit our website at http://www.waste.ky.gov.